

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 25 1998 8:00am
Secretary of State

DOCUMENT # P93000037009 (6)

1. Corporation Name
VISTAVIEW DEVELOPMENT, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: **% VISTAVIEW APTS 17094 COLLINS AVE #104 MIAMI BEACH FL 33160**
Mailing Address: **% VISTAVIEW APTS 17094 COLLINS AVE #104 MIAMI BEACH FL 33160**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) fields with sub-fields for Suite, City, State, Zip, and Country.

3. Date Incorporated or Qualified: **05/20/1993**
4. FEI Number: **59-1400393**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30: Yes No

9. Name and Address of Current Registered Agent: **WILDSTEIN, LEON 17094 COLLINS AVE APT 104 MIAMI BEACH FL 33160**

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code.

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD WILDSTEIN, LEON	1.1 TITLE	
NAME	3577 ATWATER AVE, #615	1.2 NAME	
STREET ADDRESS	MONTREAL, QUEBEC CA H3H 2R2	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD TEICH, EMANUEL	2.1 TITLE	
NAME	5050 CAVENDISH PH4	2.2 NAME	
STREET ADDRESS	COTE ST LUC, QUBEC CA H4W225	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	STD LESNAK, STEPHEN	3.1 TITLE	
NAME	7 COLCHESTER RD	3.2 NAME	
STREET ADDRESS	HAMSTEAD, QUBEC CA	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____

CR2E034 (10/97)